

Application Data Sheet**Application Information**

Application number:: 09/724,953
 Filing Date:: 11/28/00
 Application Type:: Regular
 Subject Matter:: Utility
 Sequence Submission:: Yes
 Computer Readable Form (CRF)?:: Yes
 Number of copies of CRF:: 1
 Title:: PREVENTION AND TREATMENT OF
 AMYLOIDOGENIC DISEASE
 Attorney Docket Number:: 15270J-005913US

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/585,817	06/01/00
09/585,817	nonprovisional of	60/134,010	06/01/99
<u>09/585,817</u>	<u>An application claiming</u> <u>the benefit under 35 USC</u> <u>119(e)</u>	<u>60/134,010</u>	<u>06/01/99</u>
<u>This Application</u>	<u>Continuation</u>	<u>09/585,817</u>	<u>06/01/00</u>
<u>09/585,817</u>	<u>Continuation-in-part of</u>	<u>09/580,015</u>	<u>05/26/00</u>
<u>09/580,015</u>	<u>Continuation-in-part of</u>	<u>09/322,289</u>	<u>05/28/99</u>
<u>09/322,289</u>	<u>Continuation-in-part of</u>	<u>09/201,430</u>	<u>11/30/98</u>
<u>09/201,430</u>	<u>An application claiming</u> <u>the benefit under 35 USC</u>	<u>60/080,970</u>	<u>04/07/98</u>

09/201,430 119(e)
An application claiming 60/067,740 12/02/97
the benefit under 35 USC
119(e)

Assignee Information

Assignee Name:: Neuralab Limited
Street of mailing address:: 102 St. James Court
City of mailing address:: Flatts, Smiths
State or Province of mailing address::
Country of mailing address:: Bermuda
Postal or Zip Code of mailing address:: FL 04